U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

	For Official USB OFFICE
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E	QUE OF STATE

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U -04586		2 Fiscal Year Covered From		
9832	•	1 / 1 / 2004 Through 11 / 11 / 2004		
3 Name and address of person filing		4 Name file number and address of labor organization		
Name Linda	Williams	Name laborers local Labor Organization File Number 011-68 064508		
P O Box Bldg Room No If any		PO Box Building and Room Number if any suite 318		
Street 2103 richmond		Street 1401 holliday st		
City wichita falls		City wichita falls		
State Texas	ZIP Code + 4 76309	State Texas ZIP Code + 4 76301		

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent					
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income				
Name					
Trade Name if any					
PO Box Bidg Room No if any	No if any				
	7 b Amount.				
Street					
City					
State ZIP Code + 4					

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information
submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the
undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed Linda Williams

on 8-12-05

940 692-7655 Telephone Number

B Held an interest in or derived income or economic benefit with incinitary value from a business (1) a substained part of which consists of buying from a selling or leasing to it of therwise dealing with the business (2) a substained part of which consists of buying from a selling or leasing to it of therwise dealing with the business (2) and part of which consists of buying from or selling or leasing or the order of dealing with your labor organization or with a trust in which your labor organization is interested. B Name and address of Business (including trade name if any) PO Box Bidg Room No if any State 7 terme sece ZIP Code + 4 37214 10 If 9 b or 9 c is checked give frust or employer's name Name Trade Name if any PO Box Bidg Room No if any Street 2IP Code + 4 11B_Approximate collar value of such dealing PROVIDEE EMPLOYERS EDUCATION 11B_Approximate collar value of such dealing PROVIDEE EMPLOYERS EDUCATION 212 Nature of auch dealing PROVIDEE EMPLOYERS EDUCATION 213 Nature of such dealing 214 Nature of auch dealing 215 Amount 2546. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations considerate to an employer any payment of money or other thing of value 13 a Nature and address of Employer of Labor Relations Consultant (including trade name if any) Name LISCET Trade Name if any LECET PO Box Bidg Room No if any Sheet 25 CENTURY BLVD SUITE 305 Cry NASHYILLOE State Tennessee ZIP Code + 4 37214 13 b Is the Business an Employer or or consultant Name or	Name of Person Filing Linda Williams		File Number U 04586			
Name LECET Trade Name if any PO Box Bidg Room No if any Street 25 CENTURY BIVD SUITS 305 Cly NASHVILLE TN State Tennessee ZIP Code +4 37214 10 If 8b or 9c is checked give trust or employer's name Name Trade Name if any PO Box Bidg Room No if any Street ZIP Code +4 ZIP Code +4 11 a Nature of such dealing PROVIDEE EMPLOYERS EDUCATION 12 a Nature of interest held or income received 11-11 2004 RECEPTION 12 a Nature of interest held or income received 11-11 2004 RECEPTION 13 a Name and address of Employer of Labor Relations Consultant (including trade name if any) Name LECET PO Box Bidg Room No if any Street 25 CENTURY BLVD SUITE 305 City NASHVILLOE State ZIP Code +4 37214 14 b Amount of payment	substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise					
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		14 b Amount of payment	\$46			